



Advanced Academics Parent Behavioral Questionnaire

Excellence Through Integrity and Innovation

Student Name: _____ ID# _____ Grade: _____

Directions: (A) Read each item carefully. Circle the number that most accurately describes your child's behaviors. (B) Answer the four questions on the second page. Total each column.

	<i>Never</i>		<i>Sometimes</i>		<i>Frequently</i>
1. <i>Learns rapidly</i>	0	1	2	3	4
2. <i>Large vocabulary in dominant language</i>	0	1	2	3	4
3. <i>Early and enthusiastic reader</i>	0	1	2	3	4
4. <i>Likes to solve problems</i>	0	1	2	3	4
5. <i>Curious</i>	0	1	2	3	4
6. <i>Wide range of interests</i>	0	1	2	3	4
7. <i>Creative, inventive or artistic</i>	0	1	2	3	4
8. <i>Understands jokes children his own age do not understand</i>	0	1	2	3	4
9. <i>Fantasizes</i>	0	1	2	3	4
10. <i>Sensitive to their own feelings and others feelings</i>	0	1	2	3	4
11. <i>High self-expectations</i>	0	1	2	3	4
12. <i>Self-awareness</i>	0	1	2	3	4
13. <i>Easily wounded, need for emotional support</i>	0	1	2	3	4
14. <i>Concerned with fairness and morals</i>	0	1	2	3	4
15. <i>Constantly questions</i>	0	1	2	3	4
16. <i>Independent</i>	0	1	2	3	4
17. <i>Responsible</i>	0	1	2	3	4
18. <i>Excellent memory</i>	0	1	2	3	4
19. <i>Engages in self-initiated activities</i>	0	1	2	3	4
20. <i>Relates better to adults than to their peers</i>	0	1	2	3	4
21. <i>Leader or chosen by others to help</i>	0	1	2	3	4
22. <i>Good with puzzles</i>	0	1	2	3	4
23. <i>Long attention span in areas of interest</i>	0	1	2	3	4
24. <i>Intensely focuses on interests</i>	0	1	2	3	4
25. <i>Risk taker</i>	0	1	2	3	4
TOTALS (EACH COLUMN)					
TOTAL (SUM OF ALL COLUMNS)					



Street Address: 7965 Artcraft Rd. • El Paso, TX 79932 | Mailing Address: P.O. Box 100 • Canutilo, TX 79835
Phone (915) 877-7440 • Fax (915) 877-7470 • www.canutillo-isd.org

The Canutillo Independent School District does not discriminate on the basis of race, color, national origin, gender, age or disability in its employment practices, or in providing education services, activities and programs, including technical education programs.



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1. Do you have other children who have been identified as Gifted and Talented?

Yes

No

2. Are any of them receiving Gifted and Talented services?

Yes

No

If "Yes," what services (i.e. pull-out, Pre-Ap): _____

3. What special talents or abilities does your child exhibit?

4. Tell about a time when your child surprised you by his/her ability, understanding, and/or knowledge.

Parent Name (Print): _____

Parent Signature: _____

Date: _____



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